FORM D

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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RECEIVE NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D SECTION 4(6), AND/OR

UNIFORM LIMITED OFFERING EXEMPTION

OMB APPROVAL 3235-0076

OMB Number:

Expires:

May 31, 2005

Estimated average burden hours

per response......16.00

	SEC	USE	ONLY
Prefi	x		

DATE RECEIVED

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Name of Offering ([X] check if this is an ar	nendment and name has changed, and indicate	e chánge.) 1275472
\$150,000 Offering of Couloir Software Corpo	oration Class A and Class B Preferred Stock	
Filing Under (Check box(es) that apply): [] Rule 504 [] Rule 505 [X] Rule	506 [] Section 4(6) [] ULOE
Type of Filing: [] New Filling [X] Am	endment	
	A. BASIC IDENTIFICATION DATA	
1. Enter the information requested about the	e issuer	
Name of Issuer ([] check if this is an an	nendment and name has changed, and indicate	change.)
Couloir Software	Corporation	
Address of Executive Offices	(Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)
155 Duke of Gloucester Street	Annapolis, MD 21401	(877) 655-0320
Address of Principal Business Operations	(Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)
(if different from Executive Offices)		
Brief Description of Business		1001 1010 11101 1010 10101 18100 11100 11100 11100 11100 11100 11100 11100 11100 11100 11100 11100 11100 11100
Software Development and Sales		
		04008584
Type of Business Organization		
[X] corporation	[] limited partnership, already formed	[] other (please specify):
[] business trust	[] limited partnership, to be formed	
	Month Year	
Actual or Estimated Date of Incorporation or	Organization: 10 99	[X] Actual [] Estimated
Jurisdiction of Incorporation or Organization		
	CN for Canada: EN for other foreign jur	risdiction M.D.

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to this notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated filing of a federal notice.

SEC 1972 (6/02)

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

A. BASIC IDENTIFICATION DATA

- 2. Enter the information requested for the following:
 - · Each promoter of the issuer, if the issuer has been organized within the past five years;
 - Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;
 - Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and
 - · Each general and managing partner of partnership issuers.

Check Box(es) that Apply: [X] Promoter	[X] Beneficial Owner	[X] Executive Officer	[X] Director	[]	General and/or Managing Partner
Full Name (Last name first, if individual) Skogsholm, Gunnar			-		
Business or Residence Address (Number and 1409 Brenwoode Rd. Annapolis	Street, City, State, Zip C, MD 21401	Code)			
Check Box(es) that Apply: [] Promoter	[] Beneficial Owner	[] Executive Officer	[] Director	[]	General and/or Managing Partner
Full Name (Last name first, if individual)					······································
Business or Residence Address (Number and	Street, City, State, Zip C	Code)			
Check Box(es) that Apply: [] Promoter	[] Beneficial Owner	[] Executive Officer	[] Director	[]	General and/or Managing Partner
Full Name (Last name first, if individual)			, , , , , , , , , , , , , , , , , , ,		
Business or Residence Address (Number and	Street, City, State, Zip C	Code)			
Check Box(es) that Apply: [] Promoter	[] Beneficial Owner	[] Executive Officer	[] Director		General and/or Managing Partner
Full Name (Last name first, if individual)	·				
Business or Residence Address (Number and	Street, City, State, Zip C	Code)	 		
Check Box(es) that Apply: [] Promoter	[] Beneficial Owner	[] Executive Officer	[] Director	[]	General and/or Managing Partner
Full Name (Last name first, if individual)					
Business or Residence Address (Number and	Street, City, State, Zip C	Code)			
Check Box(es) that Apply: [] Promoter	[] Beneficial Owner	[] Executive Officer	[] Director	[]	General and/or Managing Partner
Full Name (Last name first, if individual)					
Business or Residence Address (Number and	Street, City, State, Zip C	Code)			
Check Box(es) that Apply: [] Promoter	[] Beneficial Owner	[] Executive Officer	[] Director	[]	General and/or Managing Partner
Full Name (Last name first, if individual)					
Business or Residence Address (Number and	Street, City, State, Zip C	Code)			

(Use blank sheet, or copy and use additional copies of this sheet, as necessary)

	B. INFORMATION ABOUT OFFERING								
1.	Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?	Yes 	No X						
What is the minimum investment that will be accepted from any individual?									
3.									
4.	Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any	-							
,,	commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only.								
Ful	l Name (Last name first, if individual)								
	None								
Bu	siness or Residence Address (Number and Street, City, State, Zip Code)								
Na	me of Associated Broker or Dealer		·						
110	THE OF ASSOCIATED BLOKEF OF Dealer								
Sta	ntes in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States)		All States						
	[AL] [AK] [AZ] [AR] [CA] [CO] [CT] [DE] [DC] [FL] [GA] [HI]	[ID]						
		MS] OR]	[MO] [PA]						
	[RI] [SC] [SD] [TN] [TX] [UT] [VT] [VA] [WA] [WV] [WI] [WYj	[PR]						
Ful	l Name (Last name first, if individual)								
Bu	siness or Residence Address (Number and Street, City, State, Zip Code)	<u> </u>							
Na	me of Associated Broker or Dealer								
	The Strikes Bloker of Boaler								
Sta	ates in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States)		All States						
	[AL] [AK] [AZ] [AR] [CA] [CO] [CT] [DE] [DC] [FL] [GA] [HI]	[ID]						
		MS] OR]	[MO] [PA]						
_	[RI] [SC] [SD] [TN] [TX] [UT] [VT] [VA] [WA] [WV] [WI]	WYj	[PR]						
Ful	ll Name (Last name first, if individual)								
Bu	siness or Residence Address (Number and Street, City, State, Zip Code)								
Na	me of Associated Broker or Dealer								
, t u	The STA BOOKERS DIGNOLOU DOGIO								
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States)									
	[AL] [AK] [AZ] [AR] [CA] [CO] [CT] [DE] [DC] [FL] [GA] [HI]	All States [ID]						
		MS] OR]	[MO] [PA]						
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[SD] [TN] [TX] [UT] [VT] [VA] [WA] [WV] [WI]

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

1.	Enter the aggregate offering price of securities included in this offering and the total ame already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange of offer check this box [] and indicate in the columns below the amounts of the securities offered exchange and already exchanged.	ina.				
	Type of Security	A Of	ggrega ering F	te ⁹ rice	Amo	ount Already Sold
	Debt	\$_	0		\$	
	Equity	\$_	150,0	00	\$_3	30,000
	[] Common [X] Preferred					
	Convertible Securities (including warrants)	\$_			\$	
	Partnership Interests	\$_			\$	
	Other (Specify)	\$_			\$	
	Total	\$_	150,0	00	\$_3	30,000
	Answer also in Appendix, Column 3, if filing under ULOE.					
2.	Enter the number of accredited and non-accredited investors who have purchased securities this offering and the aggregate dollar amounts of their purchases. For offerings under Rule indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."	504.	· · · · · · · · · · · · · · · · · · ·	***		
			lumber nvestor		Doll	ggregate ar Amount Purchases
	Accredited Investors	\$_	3		\$ <u>3</u>	0,000
	Non-accredited Investors	\$_	0_		\$	0
	Total (for filings under Rule 504 only)	\$_			\$	
	Answer also in Appendix, Column 4 if filing under ULOE.					
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested fo securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) mo prior to the first sale of securities in this offering. Classify securities by type listed in Part Question 1.	nths				
	Type of Offering		ype of ecurity		Doll	ar Amount Sold
	Rule 505	\$_	N/A		\$	
	Regulation A	\$_	N/A		\$	
	Rule 504	\$_	N/A		\$	
	Total	\$_			\$	
4.	a. Furnish a statement of all expenses in connection with the issuance and distribution of securities in this offering. Exclude amounts relating solely to organization expenses of issuer. The information may be given as subject to future contingencies. If the amount of expenditure is not known, furnish an estimate and check the box to the left of the estimate.	the				
	Transfer Agent's Fees			[]	\$	0
	Printing and Engraving Costs			[]	\$	0
	Legal Fees			[X]	\$	10,000
	Accounting Fees			[X]		2,000
	Engineering Fees			[]	\$	0
	Sales Commissions (specify finders' fees separately)			[]	\$	0
	Other Expenses (identify)					
				•		

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

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Gunnar Skogsholm

	C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS						
	Question 1 and total expenses furnished	egate offering price given in response to Part C in response to Part C - Question 4.a. This o the issuer."	3		\$_138,000		
5.	be used for each of the purposes shown furnish an estimate and check the box to the listed must equal the adjusted gross process	gross proceeds to the issuer used or proposed to lif the amount for any purpose is not known le left of the estimate. The total of the payments leds to the issuer set forth in response to Part Common legislation.	, 5				
			F	Payments Officers, Directors, Affiliates	& Payments To		
	Salaries and fees	[]	\$	[]\$		
	Purchase of real estate	[]	\$	_ []\$		
	Purchase, rental or leasing and installa	tion of machinery and equipment[]	\$	_ [] \$		
	Construction or leasing of plant building	gs and facilities[]	\$	_ [] \$		
	offering that may be used in exchange	ing the value of securities involved in this for the assets or securities of another	1	¢	[]\$		
	,	•	-				
		[
	Working capital	[ΧJ	\$ <u>6,000</u>) [X] \$ <u>132,000</u>		
	Other (specify):]	\$	_ [] \$		
		[]	\$	[]\$		
	Column Totals	[X]	\$ 6,000	[X] \$ <u>132,000</u>		
	Total Payments Listed (column totals a	dded)		[×]	\$ <u>138,000</u>		
		D. FEDERAL SIGNATURE					
The issuer has duly caused this notice to be signed by the undersigned duly authorized person. If this notice is filed under Rule 505,							
the wri	following signature constitutes an undertal ten request of its staff, the information furni	gned by the undersigned duly authorized person king by the issuer to furnish to the U.S. Securi shed by the issuer to any non-accredited investors.	ties or p	and Exc arsuant t	change Commission, upon to paragraph (b)(2) of Rule		
Iss	uer (Print or Type)	Signature		1	Date		
		Suma Shogsha			2/11/04		
Co	uloir Software Corporation	Title of Signer (Print or Type)			2/11/01		
INS	me of Signer (Print or Type)	I the of orginer (Final of Type)					

President